

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027744
STATE FILE NUMBER

Registration District No. 87 Primary Registration District No. 4565 Registrar's No. 63

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0281

2 02801

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED JUL 22 1963

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, give TOWNSHIP only) Sullivan		c. CITY OR TOWN Bourbon	
Length of stay in 1b 20 Hrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Sullivan Comm. Hosp		d. STREET ADDRESS (If outside, give location) Star Route	

3. NAME OF DECEASED (Type or print) Anna May Richards			4. DATE OF DEATH Month July Day 17 Year 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 1, 1878	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months 2 Days 16

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Bourbon, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Charles McClain	13b. MOTHER'S MAIDEN NAME Nancy	14. NAME OF HUSBAND John Richards - Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None
17. INFORMANT Gene Richards		Address 1205 Moselle Rd. St. Clair, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure		INTERVAL BETWEEN ONSET AND DEATH Seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Slight Electrolyte Disturbance + Marked Dehydration		24-30 Hrs
DUE TO (c) Shock (Renal Shutdown - Anuria)		24-30 Hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Gastroenteritis		PART III. If deceased was female, was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from Sept 1959 to 17 July 63 and last saw him alive on 16 July 63
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22a. SIGNATURE Delroy W. Duffey MD	22b. ADDRESS Bourbon, Mo	22c. DATE SIGNED 18 July 63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Buried	23b. DATE 19 July 1963	23c. NAME OF CEMETERY Crossroads	23d. LOCATION (City, town, or county) Leasburg	STATE Mo.
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24. FUNERAL DIRECTOR Hoener Funeral Home	ADDRESS Cuba, Mo.	25. DATE RECD. BY LOCAL REG. July 18, 1963	26. REGISTRAR'S SIGNATURE William Cowan
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

JUL 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Neuman C. Greene

Licensed Embalmer No. 4673

P. O. Address Cuba, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.